

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2016 OF THE CONDITION AND AFFAIRS OF THE

Grand Valley Health Plan, Inc.

·	0000 rent Period)		NAIC Company Code _	95453	Employer's ID Number	38-2396958		
Organized under the Laws of	,	Michigan	, State	e of Domicile	e or Port of Entry	Michigan		
Country of Domicile				d States	,	-		
Licensed as business type:	·	dent & Health [] ervice Corporation []	Property/Casualty [Vision Service Corpo	•	Hospital, Medical & Dental Se Health Maintenance Organiza	,		
	Other []		Is HMO, Federally 0	Qualified? Ye	es[]No[X]			
Incorporated/Organized		12/03/1981	Commence	ed Business	02/05/1	982		
Statutory Home Office		2680 Leonard N		_,	Grand Rapids, MI, US (City or Town, State, Country ar			
Main Administrative Office			2680 I	Leonard NE	Suite 2			
				Street and Numb	per)			
		II, US 49525 intry and Zip Code)			(Area Code) (Telephone Number)			
Mail Address	26	880 Leonard NE Suite 2			Grand Rapids, MI, US 495	525		
		treet and Number or P.O. Box)			(City or Town, State, Country and Zip			
Primary Location of Books a	nd Record	s			rest Hill Ave SE			
Grand Ra	anids MII	JS 49546-2325		(Stre	et and Number) 616-949-2410-1032			
		intry and Zip Code)		(Are	ea Code) (Telephone Number) (Extensio	n)		
Internet Web Site Address			g	vhp.com				
Statutory Statement Contac	t	Pamela Lea	Silva,		616-949-2410-1032			
5	silvap@gvh	(Name)		(Area Code) (Telephone Number) (Extension) 616-949-4978				
	(E-Mail Add				(Fax Number)			
			OFFICERO					
Name		Title	OFFICERS	Name	Δ	Title		
Pamela L Silva	,	President/C	EO 1	Thomas W S		Secretary		
Janet Lederman	,	Director of Manag	ged Care			•		
			OTHER OFFICE	RS	,			
		DIRE	ECTORS OR TRU	ISTEES				
Thomas W Schoute Matthew Boutell	<u>1</u>	Pamela L S Steven A Mar	ilva	Richard C F		Kathy Lentz		
State of								
County of								
above, all of the herein describ- that this statement, together wi liabilities and of the condition ai and have been completed in ac may differ; or, (2) that state rule knowledge and belief, respectiv	ed assets we the related end affairs of cordance with es or regulately. Further copy (exce	ere the absolute property of xhibits, schedules and exp the said reporting entity as the NAIC Annual Statem ions require differences in more, the scope of this atte pt for formatting difference	of the said reporting entity, free planations therein contained, of the reporting period stated ent Instructions and Accounting reporting not related to account the state of	e and clear from annexed or red above, and on a practices a sunting practice ers also include.	f said reporting entity, and that on tom any liens or claims thereon, exceferred to, is a full and true statem of its income and deductions theref ind <i>Procedures</i> manual except to the sand procedures, according to the dest he related corresponding elect statement. The electronic filing may	cept as herein stated, and nent of all the assets and from for the period ended, e extent that: (1) state law best of their information, cronic filing with the NAIC,		
Pamela L Presiden			Thomas W Schouter Secretary	1	Janet Le			
Subscribed and sworn to b	efore me t	his ,	-55.500.7	b. If 1.	this an original filing?	Yes [X] No []		
					Number of pages attached			

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group subscribers: OPM Feds						
OPM Feds.	176,634					176,634
GVHC Management		21,215	19,346	308	308	40,560
	-					
	-	·····				
0299997 Group subscriber subtotal	176,634	21,215	19,346		308	217 , 194
0299998 Premiums due and unpaid not individually listed	0	60,938	4,418	16,645	16,645	
0299999 Total group	176,634		23,764	16,953	16,953	282,550
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	176,634	82,153	23,764	16,953	16,953	282,550

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Other Receivables						
Other Receivables Healthworks and Flu Shots	17,504			5,525	5,525	17,504 17,504
0699999 - Other Receivables	17,504	0	0	5,525	5,525	17.504
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0799999 Gross Health Care Receivables	17,504	0	0	5,525	5,525	17,504

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected the Year 2	as of December 3	ceivables Accrued 31 of Current Year 4	5 Health Care	6 Estimated Health Care Receivables
Type of Health Care Receivables	On Amounts Accrued Prior to January 1 of Current Year	On Claims Accrued During the Year	On Amounts Accrued December 31 of Prior Year	On Amounts Accrued During the Year	Receivables in Prior Years (Columns 1 + 3)	Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables					0	
Claim overpayment receivables					0	
Loans and advances to providers					0	
Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables	11,776	30 , 139	0	23,029	11,776	11,776
7. Totals (Lines 1 through 6)	11,776	30,139	0	23,029	11,776	11,776

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims									
1	2	3	4	5	6 Over 130 Dave	7			
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total			
ims Unpaid (Reported)									
									
OCCORD La Fill and		Λ							
99999 Individually listed claims unpaid			l		υ	L			
99999 Aggregate accounts not individually listed-covered	411,083	180,480	93,928	131,885	232,927	1,050,303			
99999 Subtotals	411,083	180,480	93,928	131,885	232,927	1,050,303			
99999 Unreported claims and other claim reserves	411,003	100,400	55,920	101,000	202,021	467,697			
99999 Total amounts withheld						401,001			
99999 Total claims unpaid						1,518,000			
99999 Accrued medical incentive pool and bonus amounts						1,010,000			

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	tted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Grand Valley Technology Services	9,892	7,606			0	17,498	
Grand Valley Surgical Center	27 ,488				0	27 ,488	
Grand Valley Health Corporation	10,760	653		48,000	48,000	11,413	
Grand Valley Surgical Center	35,593	27 , 597	28,104	117,000	117,000	91,294	
				·····			
0199999 Individually listed receivables	83,733	35 , 856	28 , 104	165,000	165,000	147,693	
0399999 Total gross amounts receivable	83,733	35,856	28,104	165,000	165,000	147,693	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
	'			
0199999 Individually listed payables		0	0	0
0299999 Payables not individually listed		5,967	5,967	
0399999 Total gross payables		5,967	5,967	0

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups				0.0		
2. Intermediaries				0.0		
3. All other providers	134,966		2,651	100.0		134,966
Total capitation payments	134,966		2,651	100.0	0	134,966
Other Payments:						
5. Fee-for-service	236,568	1.4	xxx	XXX	236,568	
Contractual fee payments	9,150,147	53.0	Lxxx	XXX	9 , 150 , 147	
7. Bonus/withhold arrangements - fee-for-service		0.0	L xxx L	XXX	· · · · · ·	
Bonus/withhold arrangements - contractual fee payments		0.0	L xxx L	XXX		
9. Non-contingent salaries		44.9	xxx	XXX	7 ,747 ,170	
10. Aggregate cost arrangements		0.0	L xxx L	XXX	· · · · · · · · · · · · · · · · · · ·	
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	17,133,885	99.2	XXX	XXX	17,133,885	0
13. Total (Line 4 plus Line 12)	17,268,851	100 %	XXX	XXX	17,133,885	134,966

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT 7 - PART 2 - SUMMART OF TRANSACTIONS WITH INTERMEDIARIES										
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized						
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC						
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9999999 Totals			XXX	XXX	XXX						

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	420,334		418,621	1,713	1,713	0
Medical furniture, equipment and fixtures	519 , 187		459,620	59,567		59,567
Pharmaceuticals and surgical supplies	84,416		0	84,416		84,416
Durable medical equipment						
5. Other property and equipment	405,889		398,302	7,587		7,587
6. Total	1,429,826	0	1,276,543	153,283	1,713	151,570



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

1410 0 0 1 0000 PURILEDO IN THE OTATE OF				DUDING THE VEAD	0.40			(LOCATION)		05.450
AIC Group Code 0000 BUSINESS IN THE STATE OF	Michigan	Compreh		DURING THE YEAR 2	016			NA	IC Company Code	95453
	1	(Hospital &	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	5,076	8	4,323				745			
2 First Quarter	4,363	7	3,592				764			
3 Second Quarter	3,275	9	2,511				755			
4. Third Quarter	3,178	9	2,412				757			
5. Current Year	2,651	8	1,889				754			
6 Current Year Member Months	41,805	96	32,400				9,309			
Total Member Ambulatory Encounters for Year:										
7. Physician	5,570	26	4,366				1,178			
8. Non-Physician	1,296	6	1,001				289			
9. Total	6,866	32	5,367	0	0	0	1,467	0	0	
10. Hospital Patient Days Incurred	856	0	673				183			
11. Number of Inpatient Admissions	179	0	146				33			
12. Health Premiums Written (b)	16 ,587 ,478	46,457	11,323,939				5,217,082			
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	16,587,478	46,457	11,323,939				5 , 217 , 082			
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	17 ,268 ,851	39,421	9,562,325				7 , 667 , 105			
18. Amount Incurred for Provision of Health Care Services	15,630,488	32,986	8,001,411				7,596,091			

(a) For health business: number of persons insured under PPO managed care products _____and number of persons insured under indemnity only products ____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

IALO Ozzur Ozda 0000 DUONEGO IN TUE OTATE OF	. O			DUDING THE VEAD	2040			(LOCATION)	10.0	05450
AIC Group Code 0000 BUSINESS IN THE STATE OF	Consolidated	Compre		DURING THE YEAR 2	2016			NA I	AIC Company Code	95453
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year		8	4,323	0	0	0	745	0	0	
2 First Quarter	4,363	7	3,592	0	0	0	764	0	0	
3 Second Quarter		9	2,511	0	0	0	755	0	0	
4. Third Quarter	3 , 178	9	2,412	0	0	0	757	0	0	
5. Current Year	2,651	8	1,889	0	0	0	754	0	0	
6 Current Year Member Months	41,805	96	32,400	0	0	0	9,309	0	0	
Total Member Ambulatory Encounters for Year:										
7. Physician	5,570	26	4,366	0	0	0	1,178	0	0	
8. Non-Physician	1,296	6	1,001	0	0	0	289	0	0	
9. Total	6,866	32	5,367	0	0	0	1,467	0	0	
10. Hospital Patient Days Incurred	856	0	673	0	0	0	183	0	0	
11. Number of Inpatient Admissions	179	0	146	0	0	0	33	0	0	
12. Health Premiums Written (b)	16 ,587 ,478	46,457	11,323,939	0	0	0	5,217,082	0	0	
13. Life Premiums Direct		0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	
15. Health Premiums Earned	16 , 587 , 478	46,457	11,323,939	0	0	0	5,217,082	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	17 ,268 ,851	39,421	9,562,325	0	0	0	7,667,105	0	0	
18. Amount Incurred for Provision of Health Care Services	15,630,488	32,986	8,001,411	0	0	0	7,596,091	0	0	

⁽a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

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SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9 Reserve Liability	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Code	Number	Lifective Date	Name of Remodred	Julisdiction	Assumed	1 Territoria	1 Terrilariis	Tremiums	and Onpaid Losses	INCOCIVE	Officer Combutance
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9999999	Totals					0	0	0	0	0	0

SCHEDULE S - PART 2 Listed by Peinsuring Company as of December 31, Current Year

	Rei 2	nsurance Recover	able on Paid and Unpaid Losses Listed by Rei 4	nsuring Company as of December 31, Current 5	Year 6	7
	2	3	4	3	0	,
1 NAIC Company Code	ID Number	Effective Date	Name of Company iliates PARTNERRE AMER INS CO.	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Hea	04-1590940	07/01/2016	ITIATES IPARTNERRE AMER INS CO	DE	0	0
9999999 To	tals—Life, Annui	ity and Accident ar	nd Health (Sum of 1199999 and 2299999)		0	0

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9999999 Totals

SCHEDULE S - PART 3 - SECTION 2

	Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year												
			Re	insurance Ceded		th Insurance Liste	d by Reinsuring Com	pany as of Decem	ber 31, Current Year				
1	2	3	4	5	6	7	8	9	10	Outstanding S	Surplus Relief	13	14
NAIC Company	ID	Effective	Name of	Domiciliary	Type of Reinsurance	Type of Business		Unearned Premiums	Reserve Credit Taken Other than for	11	12	Modified Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums		Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
			es – U.S. Non-Affiliates										
11835			PARTNERRE AMER INS CO.	DE.	SSL/1/L	CMM	252,390						
			Non-Affiliates - U.S. Non-Affiliates				252,390	0	Ů	0	0	0	0
			Non-Affiliates - Total Authorized Non-Affiliates				252,390	0		0	0	0	0
			Total General Account Authorized				252,390	0	•	0	0	0	0
			Account Authorized, Unauthorized and Certified		5000000 5000000	1.0400000	252,390	0		0	0	0	C
6999999	- lotal U.S. (Sum	01 0399999, 0899	9999, 1499999, 1999999, 2599999, 3099999, 3799999	9, 4299999, 4899999,	5399999, 5999999 and	1 6499999)	252,390	0	0	0	0	0	0
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Schedule S - Part 4

Schedule S - Part 5

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1	Omitted) 2	3	4	5
	2016	2015	2014	2013	2012
A. OPERATIONS ITEMS					
1. Premiums	252	242	265	276	335
Title XVIII-Medicare	0	0	0	0	c
3. Title XIX-Medicaid	0	0	0	0	
4. Commissions and reinsurance expense allowance	0	336	282	297	422
Total hospital and medical expenses	11,537	16,435	15,481	15,366	17 ,741
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	
7. Claims payable	0	0	0	0	
Reinsurance recoverable on paid losses	0	336	18	0	
Experience rating refunds due or unpaid	0	0	0	0	(
10. Commissions and reinsurance expense allowances due.			0	0	
11. Unauthorized reinsurance offset	0	0	0	0	[(
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	
14. Letters of credit (L)	0	0	0	0	
15. Trust agreements (T)	0	0	0	0	
16. Other (O)	0	0	0	0	(
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	
18. Funds deposited by and withheld from (F)	0	0	0	0	(
19. Letters of credit (L)	0	0	0	0	
20. Trust agreements (T)	0	0	0	0	
21. Other (O)	0	0	0	0	(

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	2,721,402		2,721,402
2.	Accident and health premiums due and unpaid (Line 15)	282,550		282,550
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	441,317		441,317
6.	Total assets (Line 28)	3,445,269	0	3,445,269
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	1,518,000	0	1,518,000
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	55,517		55,517
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			0
12.				0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			0
14.				501,707
15.	Total liabilities (Line 24)	2,075,224	0	2,075,224
16.			XXX	1,370,045
17.	Total liabilities, capital and surplus (Line 34)	3,445,269	0	3,445,269
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers.	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

					siness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama							
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						-
5. California							-
6. Colorado	CO						-
7. Connecticut							-
8. Delaware							-
9. District of Columbia	DC						-
10. Florida			-				-
11. Georgia	GA		-				-
12. Hawaii							-
13. Idaho							
14. Illinois	IL		-			·	·
15. Indiana	IN		-			·	-
16. lowa	JA		-			-	-
17. Kansas			-			-	-
18. Kentucky							
19. Louisiana	LA						
20. Maine			-			ļ	-
21. Maryland							
22. Massachusetts							
23. Michigan							
24. Minnesota	MN						
25. Mississippi							
26. Missouri	MO						.
27. Montana	MT						
28. Nebraska	NE						
29. Nevada							
30. New Hampshire							
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	HO						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI		.				
41. South Carolina	SC		ļ				
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	XT		.				
45. Utah	T		.				
46. Vermont	VT						
47. Virginia	NA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam							
54. Puerto Rico							
55. US Virgin Islands							
56. Northern Mariana Islands							
57. Canada							
58. Aggregate Other Alien							
59. Totals		0	1	0	0	0	

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		00000	38-3265342				Grand Valley Health Corporation.	MI	UDP	Grand Valley Health Corporation ESOP	Ownership	18.2	Grand Valley Health Corporation ESOP/Rosalynn E. Bender Grand Valley Health Corporation	N	0
		00000	38-3265342				Grand Valley Health Corporation	MI	UDP	Rosalynn E. Bender	Ownership	22.1	ESOP/Rosalynn E. Bender Grand Valley Health Corporation	N	0
		00000	38-3247943				Grand Valley Health Managment, Inc	MI	NIA	Grand Valley Health Corporation	Ownership	100.0	ESOP/Rosalynn E. Bender Grand Valley Health Corporation	N	0
		00000	38-3440505				Grand Valley Health Surgical Center, LLC	MI	NIA	Grand Valley Health Management	Ownership	54.0	ESOP/Rosalynn E. BenderGrand Vallev	N	0
		00000	38-3440505				Grand Valley Health Surgical Center, LLC	MI	NIA	Grand Valley Health Corporation	Ownership	37.0	Health Corporation ESOP/Rosalynn E. Bender Grand Valley	N	0
		00000	38-3668000				Grand Valley Technology Services, LLC	MI	NIA	Grand Valley Health Corporation	Ownership	68.0	Health Corporation ESOP/Rosalynn E. Bender Grand Valley	N	0
		00000	38-2396958				Grand Valley Health Plan, Inc	MI	RE	Grand Valley Health Corporation	Ownership		Health Corporation ESOP/Rosalynn E. Bender	N	0

Asterisk	Explanation

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SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	38-3265342	Grand Valley Health Corporation. Grand Valley Health Management Grand Valley Health Plan Grand Valley Technical Services. Grand Valley Surgical Center.					I 799 100 I				799 100	
95453	38 - 3247943 38 - 2396958 38 - 3668000 38 - 3440505	Grand Valley Health Management					(501,929) (1,225,677)		ļ		(501,929) (1,225,677) 949,244	
90400	38-3668000	Grand Valley Technical Services					(1,225,077)		·····		949 244	İ
	38-3440505	Grand Valley Surgical Center					(20,738)				(20,738)	
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9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

interro	gatory questions.	
4	MARCH FILING	Responses
1.		YES YES
2. 3.		YES
3. 4.		YES
٦.	APRIL FILING	120
5.		YES
6.		YES
7.		YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
which t	llowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar composed polyment is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following ones.	de will be printed below. If
	MARCH FILING	
11.		N0
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0
13.		N0
14.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	N0
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
16.	,	N0
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	N0
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	N0
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	N0
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	N0
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0
23.		N0
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Evnlar	nation:	
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
10.		

20.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

23 Bar code:

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